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MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SER. NO. **10-519021**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	48	←		←
TOTAL CLAIMS			52			

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TOTAL DEP.		←		←		←
TOTAL CLAIMS						